

1.) CORPORATION NAME:

HSN, Inc.

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

SCC ID NO: **F1781477**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000,000
PREFER	25,000,000
PREFJR	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 HSN DR

CITY/ST/ZIP: ST PETERSBURG, FL 33729-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MINDY GROSSMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1 HSN DR		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33729-		
NAME:	GREGORY J HENCHEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/GC/SEC		
ADDRESS:	1 HSN DR		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33729-		
NAME:	JUDY SCHELMING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/CFO/T		
ADDRESS:	1 HSN DR		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33729-		
NAME:	MICHAEL ATTINELLA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CONT ASST T		
ADDRESS:	1 HSN DR		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33729-		
NAME:	GREGORY BLATT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729-		

NAME:	PATRICK BOUSQUET-CHAVANNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729-		
NAME:	MICHAEL BOYD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729-		
NAME:	WILLIAM COSTELLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729-		
NAME:	JAMES FOLLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729-		
NAME:	STEPHANIE KUGELMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729-		
NAME:	THOMAS MCINERNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729-		
NAME:	JOHN MORSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729-		
NAME:	ARTHUR C MARTINEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DR		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33729-		
NAME:	BILL BRAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729-		
NAME:	JILL BRAFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33820-		

NAME: PETER RUBEN TITLE: EVP ADDRESS: C/O 1 HSN DRIVE CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33729-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ANDREW SHELDON TITLE: EVP ADDRESS: 1 HSN DRIVE CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33729-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ GREGORY J HENCHEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GREGORY J HENCHEL, EXEC VP/GC/SEC PRINTED NAME AND CORPORATE TITLE
1/26/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	